

4560

MA IN RESERVED FOR BINDING

Write Plainly, with Unfading Ink.—This is a Permanent Record.

2, B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

PLACE OF BIRTH **ARIZONA TERRITORIAL BOARD OF HEALTH**  
 County of Maricopa BUREAU OF VITAL STATISTICS. Ter. Index No. 188  
 District of Mesa # 3 ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 579  
 Town of Mesa Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Minnie Taylor { Born YES }  
 { Alive NO }

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Female</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Aug. 23/11.</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Henry Taylor</u>			Full Name <u>Elija Jane Bird</u>		
Residence <u>Mesa</u>			Residence <u>Mesa</u>		
Color or Race <u>White</u> Age at last Birthday <u>4.1</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>34</u> (Years)		
Birthplace <u>Northern Utah</u>			Birthplace <u>Neveda</u>		
Occupation <u>Accounting</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>10</u>		Number of children, of this mother, now living <u>8</u>		Were Precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 23/11. at 4 A. M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature)

Mrs. John D. Vance  
 Attending physician, midwife, or householder  
Res. J. D. Vance

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address \_\_\_\_\_

Filed 9-28/11.

Filed 10/11/11 191\_\_

J. E. Drane, M.D.  
 LOCAL REGISTRAR  
H. A. Hughes  
 COUNTY REGISTRAR

431-972-824